

EXHIBIT N

Excerpts from Deposition of Mark P. Clemons

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE

DANIEL LOVELACE AND)
HELEN LOVELACE,)
INDIVIDUALLY AND AS)
PARENTS OF BRETT)
LOVELACE, DECEASED,)

Plaintiffs,
VS.

2:13-CV-02289dkv

PEDIATRIC)
ANESTHESIOLOGIST, P.)
A. BABU RAO)
PAIDIPALLI, AND MARK)
P. CLEMONS,)

Defendants.)

DEPOSITION

OF

MARK CLEMONS, M.D.

February 6, 2014

ORIGINAL

MID-SOUTH REPORTING
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1 did you ever look at the Physicians' Desk
2 Reference to study Fentanyl's warnings?

3 A. No, as I don't give Fentanyl.

4 Q. Did you, on March 12, 2012, know that
5 there were specific warnings about respiratory
6 suppression, an alteration in the respiratory
7 rate of patients given the drugs?

8 A. No, I did not know this.

9 Q. So you lack knowledge of the FDA
10 approved warnings that applied to these drugs
11 that were given to Brett Lovelace by
12 Dr. Paidipalli?

13 A. Correct.

14 Q. Now, when Brett Lovelace reached the
15 recovery room -- which I'm going to call PACU or
16 I may call it recovery.

17 A. We prefer recovery room, too.

18 Q. Okay. It's interchangeable. He was
19 not -- this is a question, not an answer. He was
20 not on supplemental oxygen at that time, was he?

21 A. My experience at LeBonheur is
22 everybody leaving the operating room is on
23 supplemental oxygen.

24 Q. Do you recall him --

1 Q. Do you know what a lateral position
2 is?

3 A. On their side.

4 Q. Okay. Is that -- would that have been
5 a proper position for Brett to have been -- been
6 in, is on his side? Would that have been an
7 effective --

8 A. Commonly.

9 MR. GILMER: Object to the
10 form.

11 BY MR. LEDBETTER:

12 Q. Would that have been an effective
13 position for him to have been in?

14 A. On the side would have been a good
15 position.

16 Q. All right. Now, at the time that you
17 departed the PACU after Brett Lovelace's surgery,
18 did you leave any orders for the attending nurse
19 in the PACU to put him in a different position
20 such as a lateral position or a Fowler's
21 position?

22 A. I don't routinely tell the nurse to
23 put them in any particular position. The
24 recovery room has its procedures to get people

1 awake and kids move around, but I had no -- I
2 don't believe I had any orders for any particular
3 position.

4 Q. Now, would you agree that the lateral
5 position, which is also a Sims' position I'll
6 reference, you would have been able to observe
7 whether or not Brett Lovelace's airway was
8 functional -- his upper airway was functional,
9 could you not have?

10 A. What you would better observe is
11 whether he was drooling or bleeding in the
12 lateral position, whether he was breathing or
13 not. I don't know that that would have helped
14 you.

15 Q. Okay. Now, had you left him with
16 orders for supplemental oxygen, that would also
17 have been prudent if no one had, would it not
18 have?

19 MR. JOHNSON: Objection.

20 A. My experience is they roll out of the
21 operating room on oxygen whether I order it or
22 not.

23 BY MR. LEDBETTER:

24 Q. But you did not verify that?

1 A. No, I don't believe so.

2 Q. Now, when it comes to doing this type
3 of surgery, what is called a T&A, do you agree
4 that it requires, between you and the
5 anesthesiologist, a high degree of cooperation
6 because you are sharing airway?

7 A. We do share the airway.

8 Q. Okay. And you must jointly assure
9 that oxygen is provided to the patient, agree?

10 A. Oxygen should be provided to the
11 patient.

12 Q. And must jointly assure that carbon
13 dioxide is eliminated?

14 A. If you're ventilating the patient,
15 oxygen is going in and carbon dioxide is going
16 out.

17 Q. Okay. But you understand -- you agree
18 that it's your joint goal to make sure that
19 carbon dioxide is eliminated? In other words, it
20 isn't pooled so that they develop hypercapnia
21 or --

22 A. Respire. Oxygen goes in and carbon
23 dioxide goes out.

24 Q. And you must both assure that there is